

Medicaid Fraud, Waste and Abuse Referral Form

Please complete and submit this form if you have a concern about possible fraud, waste or abuse of Medicaid funds or services. Contact Program Integrity at (802)-879-5900 if you have questions or need assistance. We will investigate all concerns reported to us.

Reporter Information

Your Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Telephone (____) _____

Are you a Medicaid provider? _____ Provider ID _____

Are you a Medicaid beneficiary? _____ Medicaid ID _____

Other? (Explain) _____

Is your Concern about a Provider? _____ (If yes, give provider information below.)

Provider and/or Facility Name _____

Address _____

City _____ State _____ Zip _____

Provider ID (if known) _____ Telephone (____) _____

Is your Concern about a Medicaid Beneficiary? _____ (If yes, give beneficiary information below.)

Beneficiary Name _____ DOB/Age _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Beneficiary ID (if known) _____

Summary of Concern Tell us your concern. Be as specific/factual as possible. Use additional paper or reverse side, if needed.

Reporting a Beneficiary: Mail completed form to the Department for Children and Families, Economic Services Division, QC Fraud Unit, 103 South Main Street, Waterbury VT 05671 or fax to (802) 241-3136. Phone: (802) 241-2860.

Reporting a Provider: Mail completed form to the Office of Vermont Health Access, Program Integrity Unit, 312 Hurricane Lane, Suite 201, Williston VT 05495 or fax to (802) 879-5919. Phone: (802) 879-5900.